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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Form Approved. OMB No. 2050-0028. Expires 10-30-91 GSA No. 0246-EPA-OT United States Environmenta Protection Please refer to the instructions for .Washington, DC 20460 Filing Notification before comple this form The information reque Notification of Hazardous Waste Activity For Official Use Only & Comments 45.50 Date Received Installation's EPA ID Number (yr. : mo. day) of Installation Street or P.O. Box City of Town french is III. Location of in Street on Route Number E City or Town A GAR ZIP Code State IV. Installation Contact Phone Number Name and Title (last, first, and job title) V. Ownership. A. Name of installation's Legal Owner B. Type of Ownership (enter code) VI. Type of Regulated Waste Activity (Mark X in the appropriate boxes. Refer to instructions. A. Hazardous Waste Activity .B. Used Oil Fuel Activities 2 1a Generator ☐ 1b Less than 1,000 kg/mo. ☐ 2. Transporter ☐ 6. Off-Specification Used Oil Fuel ☐ 3. Treater/Storer/Disposer a. Generator Marketing to Burner 4 Underground Injection ☐ 5. Market or Burn Hazardous Waste Fuel ☐ b. Other Marketer (enter 'X' and mark appropriate boxes below) C. Burner ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) a. Generator Marketing to Burner Who First Claims the Oil Meets the Specification ☐ b. Other Marketer C. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) ☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace VIII. Mode of Transportation (transporters only - enter 'X' In the appropriate box(es ☐ B. Rail ☐ C. Highway □ D. Water * ☐ E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. A. First Notification C. Installation's EPA ID Number □ B. Subsequent Notification

(complete item C)

		Age 17 September 19	ID − Fo	r Official Use	Only	<u>. </u>
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X. Description of Hazardous Wastes	(continued from front)					
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XI. Certification			(2000)			
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reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and fevilewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S:W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, Sand comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M.St., S.W.; Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.



Letter of Transmittal

Groundwater Technology, Inc.	
310 Horizon Center Drive, Trenton, NJ 08691 USA	DATE 418.94 W.O. NO.
(609) 587-0300 Fax (609) 587-7908	ATTENTION
TO USEPA - REGION IL	RE: GENERATOR ID #
PERMITS Administration Branch	FOR THE GETTY SERVICE STATION
	FOR THE GETTY SERVICE STATION IN ENGLEWOOD, NJ
NEW YORK, NEW YORK 10278	-
NEW YORK, NEW YORK 10278	_
<i>Y</i>	
GENTLEMEN:	
WE ARE SENDING YOU Attached □ Under separate cov	ver viathe following items:
☐ Shop drawings ☐ Prints ☐ Plans	s Samples Specifications
☐ Copy of letter ☐ Change order ☐	
CODICS DATE US	
COPIES DATE NO.	DESCRIPTION
1 4.18.74 Form B700-12	
THESE ARE TRANSMITTED as checked below:	
For approval Approved as submitte	d
✓☐ For your use ☐ Approved as noted	☐ Submitcopies for distribution
☐ As requested ☐ Returned for correction	ons Returncorrected prints
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	THANK YOU JEFF LOZIANOUSKI
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If enclosures are not as noted, kindly notify us at once.

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. THE ATTACHED COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION. Facility Name: YOUR NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS NOT PROCESSED DUE TO THE FOLLOWING: You have submitted a Subsequent Notification form. I) _ Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter. Name of Installation is incomplete. Location of Installation is insufficient. Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation. Installation Mailing Address is incomplete. IV) _ Installation Contact is incomplete. Please provide the contact person's name, job title, and phone number. VI) _ Installation Contact Address is Incomplete. VII) _ Ownership information is incomplete. VIII) ____ Type of Regulated Waste Activity -- Hazardous Waste: 1. ___ Generator status is incomplete. 2. ___ Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change. Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your 8State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change. IX) Description of Regulated Wastes is incomplete. Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance. X) _ Certification is insufficient. Please provide an original signature in the Certification section. Agents/Consultants cannot sign. Please see the instructions for completing the

form for those authorized to sign the certification.

(over,)

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XI)	is the existing EPA Identification
and the second s	Number for your company, at the location you have specified. To update
•	information previously provided, please resubmit your form as a Subsequent
	Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the changes in the
	COMMENTS SECTION (Part XI) of the form, or in a separate letter. Please re-
• • •	sign the form with an original signature in the Certification area. FAILURE TO
•	PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT
	IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN
	INTERESTED PARTY.
<u>,</u>	
XII)	Please use the enclosed, current Notification of Regulated Waste Activity (EPA
жи) <u>v</u>	Form 8700-12) for your submission.
XIII)	Our records indicate that an EPA ID No. has already been assigned to an other
•	facility at the same address which you have provided as your Location of
:	Installation. Please indicate, in the appropriate space(s) below, your facility's
	relationship to
	The above named installation is in the same building/complex.
•	Please provide a more detailed address for your facility under Location of
÷	Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number,
	block/lot number, mile post marker, N, S, E, or W wing, box no. at the
	site (NOT a PO Box), or a rural delivery number.
	The above named installation is the current owner of the property.
	List the property owner's name and address in the comments section
	(Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This
	should include a street number, cross street, room/suite number, floor
•	number, section number, block/lot number, mile post marker, N, S, E, or
	W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
	The charge named installation is a sisteral and in
	The above named installation is registered as the previous owner of the property or prior business.
	List the above named company's name and address in the comments
•	section (Part XI) of your form and note them as the previous property
	owner or previous business owner and complete Part VII D of your form.
• • • • • • • • • • • • • • • • • • • •	
	The above named installation is the previous operator at this location.
	Other. Please explain
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